



## Plan Coverage for State of Michigan Employees

SUMMARY OF BENEFITS AND COVERAGE	521C (Special)
<b>PHYSICIAN SERVICES</b>	\$10 copay
Routine Office Visits Consulting Specialist Care (with referral) Annual Physical Exam Annual Well Woman Visit (self referral to participating GYN) Hearing and vision screening Immunizations (Pediatric)	
<b>MATERNITY SERVICES</b>	Covered
Prenatal & postnatal care Delivery in hospital Well Baby Care in Hospital	
<b>INPATIENT HOSPITAL SERVICES</b>	Covered
Unlimited days in a semi-private room; surgery and all related services; related drug therapy; lab tests and x-rays	
<b>OUTPATIENT PROCEDURES</b>	Covered
Surgery and all invasive procedures conducted in any outpatient setting, including related services; related drug therapy; lab tests and x-rays	
<b>EMERGENCY &amp; URGENT CARE MEDICAL SERVICES</b>	Copay
Physician and hospital emergency room services (copay waived if admitted)	\$50
Participating urgent care centers	\$0
Ambulance services (when medically necessary)	\$75
<b>DIAGNOSTIC &amp; THERAPEUTIC SERVICES</b>	Covered
Out-patient lab tests; diagnostic x-rays; and radiation therapy	
<b>MENTAL HEALTH CARE</b>	Covered
Outpatient treatment (limited to 20 visits/year) Inpatient psychiatric hospital services (limited to 45)	
<b>SUBSTANCE ABUSE TREATMENT</b>	Covered
Inpatient treatment (limited to 45 days, renewable after 60 days)	
Outpatient and intermediate care (limited to 35 visits)	
<b>DURABLE MEDICAL EQUIPMENT &amp; PROSTHETIC DEVICES</b>	Covered
Covered when medically necessary	
<b>ALTERNATE MEDICAL SYSTEMS</b>	Covered
Home health care (limited to 100 visits/year) Skilled nursing care (limited to 120 days per related condition) Hospice care Home health aid care	
<b>HEARING SERVICES</b>	Covered
Hearing exam and hearing aid testing Hearing aid (limited to 1 every three years)	
<b>VISION SERVICES</b>	Covered
Eye exam (limited to 1/year) Eyeglasses (limited to 1 pair every two years)	
<b>PRESCRIPTION DRUG SERVICES</b>	Copay
All pharmaceuticals prescribed by a THC participating provider and filled through a THC participating pharmacy <i>*When no Generic equivalent is available</i>	\$5/generic \$10/brand*
This document is intended for quick reference only. For a more detailed explanation of covered benefits, see your Certificate of Coverage Agreement and attached Riders, or contact Total Health Care's member services at (800) 826-2862	